University of Minnesota Academic Health Center

Annual Tuberculosis (TB) Screening Form

The Academic Health Center requires that learners in an Academic Health Center (AHC) program meet the annual tuberculosis screening requirement below.

- This form must be completed, signed and dated by a health care provider and submitted by email to the Immunization Processing Office where it will become part of your official medical record.
- Keep a copy of this form and any other documentation for your personal immunization records.

Reep a copy of this form and any other documentation for your personal initialization records.			
Last Name	First Name	Middle Name	
Date of Birth	Email Address	UMN ID Number	
College or School (if medical resident or fellow, use "GME")			

Two options for annual TB clearance (select one below):			
TB BLOOD TEST	TST (Tuberculin Skin Test)		
Interferon Gamma Release Assay (IGRA) (QuantiFERON TB Gold or T-Spot) within the last 12 months Date of IGRA:	Annual TB Skin Test (TST)** **Must have documentation of an initial baseline Two-Step TST on file prior to annual TST Date placed: Date read:		
Result:	Result: mm induration		
	Interpretation: Negative Positive		
CHEST X-RAY (REQUIRED For a positive QuantiFERON/IGRA or positive TST)			
Date of Chest X-Ray (must be <i>after</i> date of positive TB test): Result: □ Normal □ Abnormal			
Clinic Name Phone Number			
rovider's Signature Date			
Provider's Name Printed:			
Return completed form to:			
Email: immunizations@umn.edu			
To access your Tuberculosis and Immunization records, go to https://boynton.umn.edu/myboynton Form processing may take 7–10 business days.			

04/2018